

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 1-11-02.
 - b. The request was received on 3-20-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs and reaudit dated 3-1-02
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA
 - c. EOB and reaudit dated 3-1-02
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-26-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 6-28-02. The response from the insurance carrier was received in the Division on 7-12-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Position statement taken from the Table of Disputed Services.
"The Fluoroscopy is a medically necessary adjunct technique in the performance of epidural steroid injections of the spine."
2. Respondent: Position statement taken from Reaudit dated 3-1-02.
"Services included in the listed value of the surgical procedure."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 1-11-02.
2. The carrier denied the billed service as reflected on the EOB as, "G – UNBUNDLING (CHARGE INCLUDED IN ANOTHER BILL)".

Reaudit dated 1-3-02 stated, "1. WE HAVE RECEIVED THE ATTACHED REQUEST FOR RE-EVALUATION FROM THE PROVIDER. 2. WHILE WE CAN APPRECIATE THEIR CONTINUING CONCERN, OUR RECOMMENDATION WILL STAND AS DEFINED IN OUR PREVIOUS CORRESPONDENCE DATED 01-28-02. 3. OTHER: Services included in the listed value of the surgical procedure."

3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB Denial Code(s) | MARS | REFERENCE | RATIONALE: |
|---------------|---------------------|----------|-------|--------------------|----------|----------------------------------|--|
| 1-11-02 | 76000 -WP | \$150.00 | \$-0- | G | \$110.00 | TWCC Advisory 97-01; CPT Code | <p>The carrier initially denied the disputed services as "G". Upon reaudit, the carrier upheld the "G" denial.</p> <p>Pursuant to Advisory 97-01, "If a health care provider believes fluoroscopic assistance (fluoroscopy) is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance."</p> <p>CPT Code 76000-WP is not global to any other procedure billed on the date in dispute.</p> <p>Therefore, reimbursement is recommended in the amount of \$110.00.</p> |
| Totals | | \$150.00 | \$-0- | | | | The Requestor is entitled to reimbursement in the amount of \$110.00 . |

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$110.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 26th day of February 2003.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division